

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 163  
Registered No. 466

**1. PLACE OF BIRTH**

County San Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child** Lucila Carrillo (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child girl To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Jan 14 - 26  
Month Day Year

**8. FATHER**  
Full name Ruperto Carrillo

9. Residence (Usual place of abode) \_\_\_\_\_  
If non-resident, give place and state. Live oak 719

10. Color or race Mexican 35 years  
35 years. 11. Age at last birthday. 35 (Years)

12. Birthplace (city or place) Teocaltine  
(State or country) Jalisco, Mex.

13. Occupation \_\_\_\_\_  
Nature of industry miner

**14. MOTHER**  
Full maiden name Sabina Pedraza

15. Residence (Usual place of abode) \_\_\_\_\_  
If non-resident, give place and state. L. Oak 719

16. Color or race Mexican 17. Age at last birthday. Mo. (Years)

18. Birthplace (city or place) Villa Hidalgo  
(State or country) Jalisco, Mex.

19. Occupation \_\_\_\_\_  
Nature of industry housekeeper

20. Number of children of this mother. \_\_\_\_\_ (Taken as of time of birth of child herein certified and including this child.) 4:15 A.M.  
(a) Born alive and now living alive  
(b) Born alive but now dead 2  
(c) Stillborn 4

21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was BOHMAN at 4:15 m. on the date above stated  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Rosa Cortez (Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Address 718 1/2 Sullivan

Filed Jan 24, 1926 W. E. Orr  
Registrar

336-114-391

If a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.